

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Houston Department of
Health and Human Services

Bureau of Vital Statistics, 1st Floor

8000 N. Stadium Drive, Houston, TX 77054

Tel: 713-794-9050 • 713-247-1686 • FAX: 713-794-9991

www.houstonhealth.org



PLEASE PRINT.

MUST COMPLETE ENTIRE APPLICATION.

Receipt Number / Time

1. State law mandates that **Death Certificates** may only be issued to a “**Qualified Applicant**” such as immediate family members, or a party having a direct, tangible and legal interest.
Certificates are NOT public information.
2. **QUALIFIED APPLICANTS MUST PROVIDE OFFICIAL PHOTO IDENTIFICATION.** (Driver's License, etc)
3. **Certificates of DEATH are available for deaths occurring within the City of Houston's Local Registration District ONLY.**
4. Certificates **ARE NOT AVAILABLE** for out-of-Houston, state or foreign country deaths.
5. State law requires that any time we search for a certificate and it is NOT FOUND, we must charge a “**SEARCH FEE**” equal to the certificate fee. **Search fees are not refundable or transferable. Please Initial Here** ➤

Number of Certificates of Death ordered: _____

FEES: \$10.00 first copy, \$4.00 each additional copy of the same certificate purchased at the same time.

File Number

Full Name on Certificate: _____
Last First Middle

Date of Death: ____/____/____ Sex: [M] [F] Funeral Home: _____
Month Day Year

City of Death: _____ County of Death: _____

Full Name of Father: _____
Last First Middle

Full **MAIDEN NAME** of Mother: _____
Last First Middle

Purpose for requesting certificate: _____

What is your relationship to the person named on the certificate? _____

To your knowledge, has there ever been an amendment filed to this certificate? _____. If so, please explain _____

Printed Name of Applicant: _____

Address of Applicant: _____

Daytime Phone Number

City: _____ State: _____ Zip: _____

Signature of Applicant: _____

Telephone Number

WARNING: The penalty for knowingly making a false statement on this form is a 3rd Degree Felony and may be punishable with up to 2-10 years in prison and a fine of up to \$10,000.00. (Health and Safety Code of Texas, Chapter 195, Sec. 195.003)

OFFICE USE ONLY

Clerk: _____ Total Number of Applications: _____

TDL #: _____ Social Security #: _____ Other ID #: _____